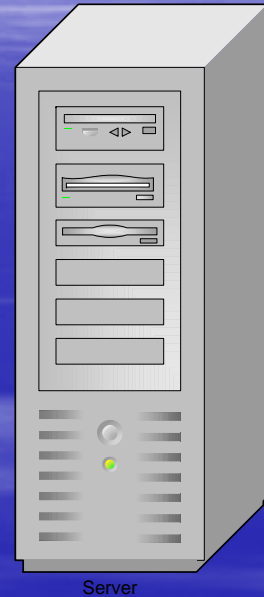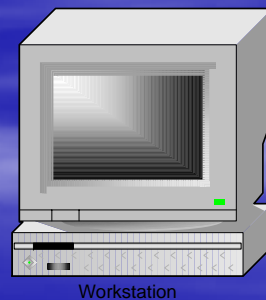# DWC/WCIS TRAINING

Data Communications 201

June 8, 2006
WebEx, hosted by Zenith

Establishing Connectivity

- Complete Trading Partner Profile Agreement
- File Transfer Protocol (FTP)/SSL Requirements
- Connecting
- Certification

Server

Workstation

State of California
Department of Industrial Relations

DIVISION OF WORKERS' COMPENSATION

ELECTRONIC DATA INTERCHANGE TRADING PARTNER PROFILE

A.   Trading Partner Background Information:

Name: _____

Master FEIN: _____

Physical Address: _____

City: _____   State: _____

Zip Code: _____

Mailing Address: _____

City: _____   State: _____

Zip Code: _____

Trading partner type (check all that apply):
__ Self Administered Insurer   __ Service Bureau
__ Self Administered, Self-Insurer (employer)   __ Other:
__ Third Party Administrator of insurer
__ Third Party Administrator of self-insurer

B.   Trading Partner Contact Information:

Business Contact: Technical Contact:

Name: _____   Name: _____
Title: _____   Title: _____

Phone: _____   Phone: _____
FAX: _____   FAX: _____

C.   Trading Partner Transmission Specifications:

If submitting more than one profile, please specify:

PROFILE NUMBER (1, 2, etc.): _____
DESCRIPTION: _____

Select Transmission Mode to be used for sending data to DWC (check one):

____ Value Added Network (VAN) -- Complete sections C1 and C2 below.
____ File Transfer Protocol (FTP) -- Complete sections C1 and C3 below.

C1   Van and FTP users, please complete the following:

Transaction Type	Mode of Transmission	Expected Days of Transmission (circle any that apply)	Production Response Period
Medical Bill Payment Reports	ANSI 837	Daily Monday Tuesday Wednesday Thursday Friday Saturday Sunday Weekly	

C2   Van users, please complete the following:

Network:_____

	Test	Production
Mail Box Account Identification		
User Identification		

C3   FTP users, please complete the following:

User Name	
Password	
Network IP Address (optional)	
E-mail Address	

Where to Send the Form?

- Email: WCIS@dir.ca.gov
- Fax: 510-286-6862

FTP Account Information

DIVISION OF WORKERS' COMPENSATION

ELECTRONIC DATA INTERCHANGE TRADING PARTNER PROFILE

FTP ACCOUNT INFORMATION

	Trading Partner Request	DWC Use Only
User Name (max. 8 characters)		
Password		
Source Network IP Addresses		
File Naming Convention **Prefix** (max. 4 characters)	_____	_____
Unique Identifier (choose one)	__ Sequence __ Date/Time __ Date/Sequence __ Other _____	__ Sequence __ Date/Time __ Date/Sequence __ Other _____
File Extension (choose one)	__ 837 __ TXT __ OUT __ PRN __ Other _____	__ 837 __ TXT __ OUT __ PRN __ Other _____

Source IP Address

- **Public IP Address**
  - NAT'd addresses are not your real addresses
- **Private Addresses are INVALID**
  - first octets of 10, 172, or 192 are not routed
- **Fixed Addresses**
- **DHCP Addresses can CHANGE**
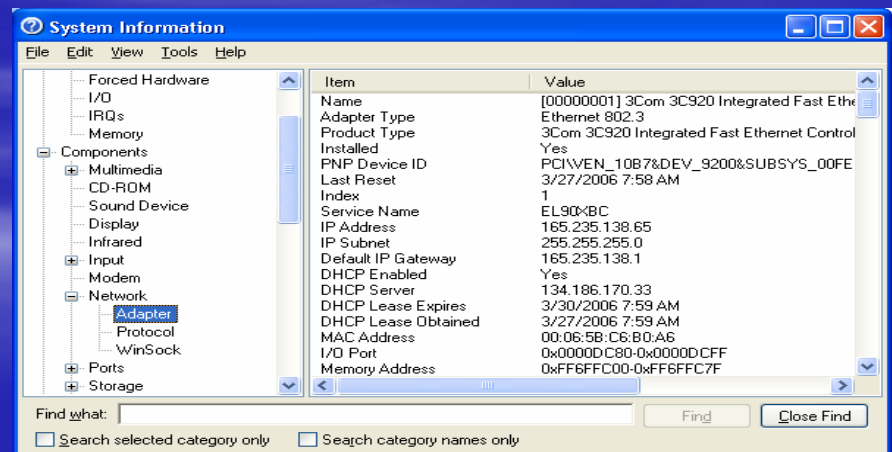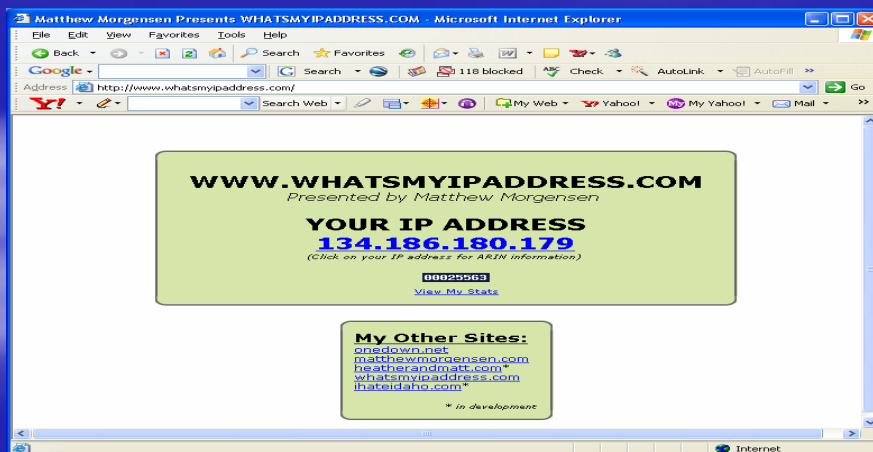 - leased for a period and are renewed

What's my IP Address?

FTP over SSL Parameters

- Implicit versus Explicit
  - WS_FTP only supports Explicit
- Passive versus Active Model
  - Passive mode
- Encryption Level
  - Forces 128-bit encryption
- Root Certificate
  - Requires explicitly trust
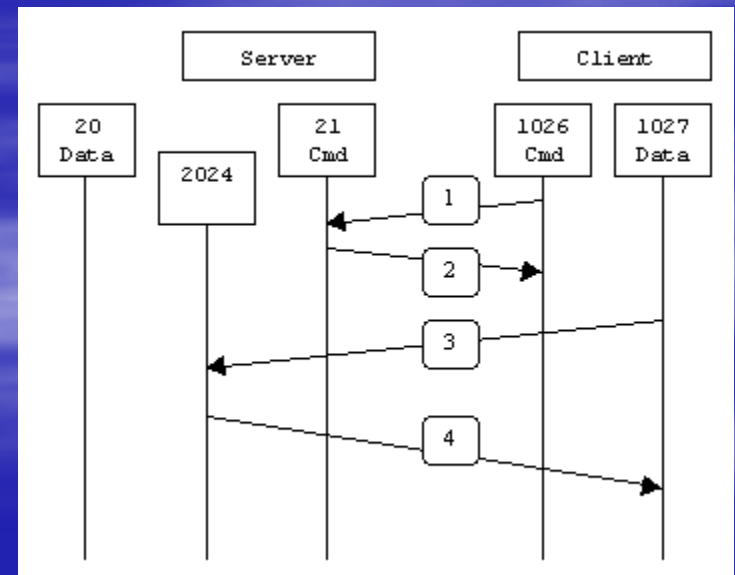
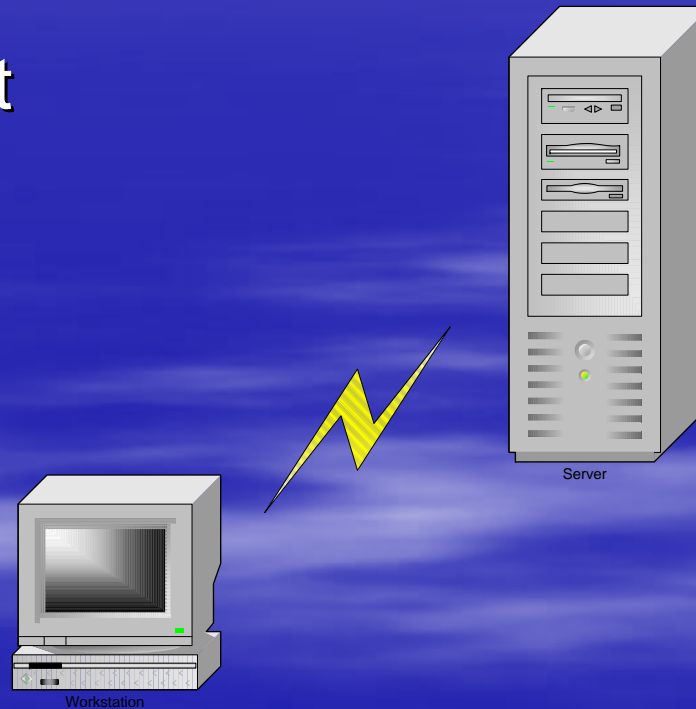# FTP Communication Ports

- Command Channel
  - TCP 21
  - TCP 20 and 990 are not required
  - FTP does not use UDP ports
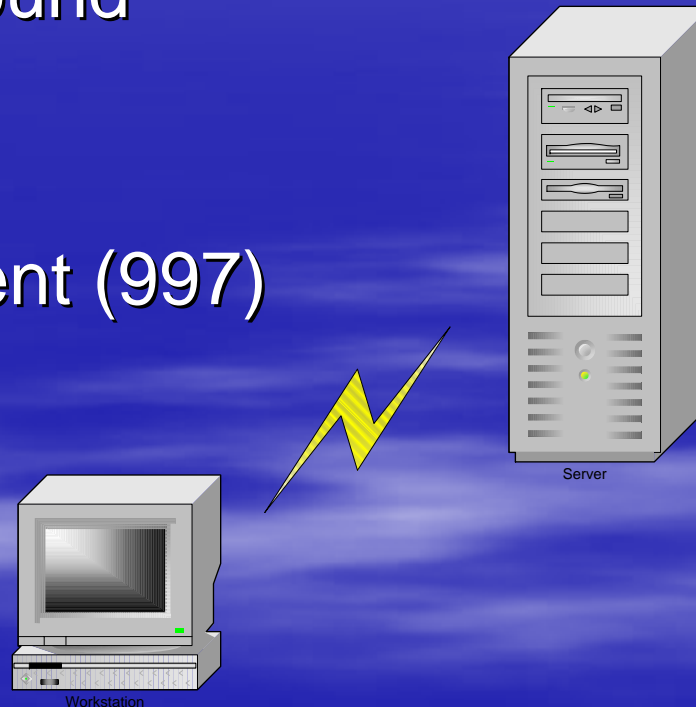- Data Channels
  - TCP 1024 to 5000

Connecting

Testing Connectivity

- Create a text file
- Send file
- Verify file receipt

Server

Workstation

Sending Data

- Connect to server
- Place file in inbound directory
- Get Functional Acknowledgement (997)

Server

Workstation

Receiving Acknowledgments

- Connect to server
- Get Detailed Acknowledgement file (824)

Server

Workstation
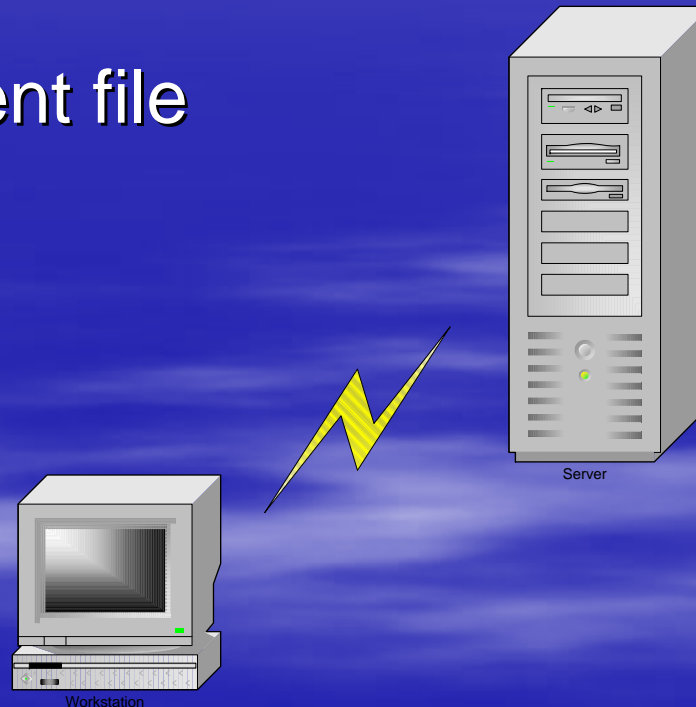
Certification

- Complete Trading Partner Agreement
- Test FTP Connectivity
- Transmit Numerous Bill Types
- Receive and Process Functional Acknowledgements (997)
- Receive and Process Detailed Acknowledgements (824)
- Transmits Cancellations and Replacements

Arnold Schwarzenegger, *Governor*

DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation
455 Golden Gate Avenue, 9th Floor
San Francisco, CA 94102
Tel: (415) 703-4600 Fax (415) 703-5059

MAILING ADDRESS:
P.O. Box 420603
San Francisco, CA 94142

February 7, 2006

EDI Data
EDI Trading Partner
P.O. Box 8828
Edi Town, CA 902 101-8828

Dear Mr. Data:

The Division of Workers' Compensation has determined that EDI Trading Partner has demonstrated the capability to submit complete, valid, and accurate data for First Reports of Injury via electronic data interchange to the Workers' Compensation Information System ("WCIS"). EDI Trading Partner is hereby granted Production status for transmitting First Reports under Title 8, California Code of Regulations ("C.C.R.") § 9702 (b).

Under Production status, submission of First Reports to WCIS fulfills the obligation to submit paper copies of Form 5020, the Employer's Report of Occupational Injury or Illness, to the Division of Labor Statistics and Research ("DLSR"), pursuant to Labor Code § 6409.1 and 8 C.C.R. § 14001. However, the submission of paper copies of Form 5021, Doctor's First Report of Occupational Injury or Illness, to DLSR is still required (LC § 6409 and 8 C.C.R. § 14001-14002).

During the Production phase of First Reports, all applicable First Report maintenance type codes are reportable to WCIS. Data will continue to be monitored for completeness, validity, and accuracy.

The Division congratulates you on reaching this important milestone and looks forward to your continued successful EDI reporting.

_____
CARRIE NEVANS
Administrative Director

WCIS EDI Contacts

- Damon Chen
  510-286-6753
  dcchen@dir.ca.gov

- Elisema Cantu
  510-286-6763
  ecantu@dir.ca.gov

- Johnny Lee
  510-286-6772
  jblee@dir.ca.gov

- Benny Gee
  510-286-6736
  bgee@dir.ca.gov